

sardis
youth basketball



2016-2017

\$110/PLAYER DUE BY OCTOBER 14

\$100 for the second child

(U6 is \$100 and \$90 for the second child)

\$120 after October 14 (depending on availability)

Make checks payable to Sardis Presbyterian Church

Note Child's Name on the memo line

Mailing Address: 6100 Sardis Rd., Charlotte, NC 28270

PLAYER REGISTRATION

(Please Print Legibly)

Full Name: _____ Date of Birth: _____ Age as of 10/16/16: _____

School Attending: _____ Grade: _____

Street Address: _____ Home Phone: _____

Parents'/Guardians' Name: _____

Dad Cell #: _____ Mom Cell #: _____

Dad Email: _____ Mom Email: _____

Are you a Sardis Presbyterian Church Member? yes no Would you like more information about Sardis? yes no

I will be willing to serve as a: Head Coach _____ Assistant Coach _____ Team Parent _____
(print your name next to a volunteer position)

Special Requests: _____

Divisions

AA 6YRS. (MAY NOT REACH 7 BEFORE 10/16)
A 8&UNDER (MAY NOT REACH 9 BEFORE 10/16)
B 10 &UNDER (MAY NOT REACH 11 BEFORE 10/16)
C 12&UNDER (MAY NOT REACH 13 BEFORE 10/16)
D 14&UNDER (MAY NOT REACH 15 BEFORE 10/16)
EE 16&UNDER (MAY NOT REACH 17 BEFORE 10/16)
E 18&UNDER (MAY NOT REACH 19 BEFORE 10/16)

Please Circle the Division You Are Registering For:

Boy: AA A B C D EE E

Girl: AA A B C D EE E

Please Circle the Jersey Size:

YS YM YL AS AM AL AXL

Parental Authorization

I, parent or guardian of the above named candidate for a positioning the above mentioned basketball program, hereby give approval to their participation in any and all league activities during the current season. I assume all risks and hazards incidental to such participation including transportation to and from the activities; and do hereby waive, release, absolve, indemnify and agree to hold harmless the parent persons transporting the player to and from activities, for any claim arising out of an injury to the player, except to the extent and in the amount covered by accident and/or liability insurance held by the local league. I also grant permission to managing personnel or other league representatives to authorize and obtain medical care from any licensed physician, hospital or medical clinic should the player become ill or injured while participating in league activities away from home, or at other times when neither parent/guardian is available to grant authorization for emergency treatment. I will furnish a certified birth certificate of the above named candidate upon request by league officials.

Signature of Parent/Guardian

Relationship to Player

Date